

**DELINEATION OF PRIVILEGES - INTERNAL MEDICINE
AND SUBSPECIALTY**

For use of this form, see AR 40-68; the proponent agency is OTSG
(*DA Form 5504A-R Must be Completed and Attached to this Form*)

REQUESTED BY

DATE

Privileges in the Department of Medicine are granted for both clinical areas and specific procedures. All practitioners requesting privileges in the Department of Medicine will use this form regardless of specialty.

Four categories (*levels*) of clinical privileges may be granted for each clinical area listed below. The category of privilege requested, if any, in each area should be specified.

Category I. Emergency Care.

Uncomplicated illnesses or problems which have low risk to the patient.

Non-specialists with little or no residency training but with reasonable experience in the care of these conditions.

Category II. Category I.

Major illnesses, injuries, conditions or procedures, but with no significant risk to life.

Significant graduate training in the specialty related to the conditions, or considerable experience in the care of the conditions.

Category III. Categories I and II.

Major illnesses, conditions, or procedures which carry substantial threat to life.

Board certification* or other extensive training and experience in the care of these conditions. *Completion of three-year residency training may be accepted in lieu of board certification for a period **not to exceed five years** following completion of training for accessions/appointments after 1982.

Category IV. Categories I, II, and III.

Unusually complex or critical diagnoses or treatment with serious threat to life.

Extensive relevant subspecialty training or experience beyond board certification.

NOTE: If a practitioner is not granted privileges in Category III or IV, consultation with a physician in one of these categories is mandatory for a patient with a medical condition that increases surgical or anesthetic risk, when a surgical procedure is contemplated.

PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF			
Assignment of clinical privileges will be based on education, training, and demonstrated competence.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI- CATIONS	NOT APPROVED
CLINICAL AREAS. (Write I, II, III, or IV to Indicate the Category or Privileges In Each Area That You Are Requesting Privileges.)					
a.	Allergy-Immunology				
b.	Cardiology				
c.	Dermatology				
d.	Endocrine and metabolic diseases				
e.	Gastroenterology				
f.	Hematology				
g.	Infectious disease				
h.	Internal medicine				
i.	Nephrology				
j.	Pulmonary disease				
k.	Rheumatology				
l.	Oncology				
SPECIAL PROCEDURES (Check the Procedures for Which Privileges are Requested and Attach a Statement Indicating Your Qualifications to Perform Each of Them.)					
Special Studies, Invasive					
a.	Arterial puncture and cannulation				
b.	Angiography, cerebral				
c.	Arteriography				
d.	Arthrocentesis				
e.	Bronchial brushing				
f.	Bronchial lavage				
g.	Bronchograms				
h.	Bone marrow aspiration				
i.	Cardiac Catheterization				
j.	Cardiac pacemaker (Transvenous)				

PRIVILEGES. (*Privileges will be granted only for the type endoscopic procedure for which competency has been verified (formal training/demonstrated competency.)		RECOMMENDATIONS BY DEPT./SVS. CHIEF			
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
Special Studies, Invasive (Continued)					
	k. Cholangiography, percutaneous				
	l. Cisternal Tap				
	m. Hemodialysis				
	n. Hemofiltration				
	o. Lymphangiography				
	p. Myelography				
	q. Paracentesis, abdominal				
	r. Pericardiocentesis				
	s. Peritoneal dialysis				
	t. Phlebography				
	u. Plasmapheresis				
	v. Pneumoencephalography				
	w. Spinal tap				
	x. Subclavian puncture				
	y. Swan-Ganz catheterization				
	z. Thoracentesis				
	Other (Specify)				
Biopsy and Excision. Needle Biopsy of:					
	a. Bone Marrow				
	b. Kidney				
	c. Liver				
	d. Lung				
	e. Thyroid				
	f. Pericardial biopsy (Closed)				
	g. Peritoneal biopsy (Closed)				
	h. Pleural biopsy (Closed)				
	i. Skin biopsy				
	j. Small intestinal biopsy with Crosby capsule & Shiner tube				
	Other (Specify)				
*Endoscopy	With Biopsy				
	a. Bronchoscopy				
	b. Colonoscopy				
	c. Duodenoscopy				
	d. Esophagoscopy				
	e. Mediastinoscopy				
	f. Peritoneoscopy				
	g. Sigmoidoscopy				
	Other (Specify)				

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		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI- CATIONS	NOT APPROVED
Special Studies, Non-Invasive and Other Procedures					
	a. Echocardiography				
	b. ECG interpretation				
	c. Electroconvulsant therapy				
	d. EEG interpretation				
	e. Electromyography				
	f. Endotracheal intubation				
	g. Other intubation (<i>Specify</i>)				
	h. Esophageal dilatation				
	i. Hypnosis				
	j. Peripheral vascular studies (<i>Non-Invasive</i>)				
	k. Phonocardiography				
	l. Pulmonary function interpretation				
	m. Radioactive isotopes, diagnostic				
	n. Radioactive isotopes, therapeutic				
	o. Vectorcardiography interpretation				
	p. Respirator management				
	q. *Diagnostic/Therapeutic radiology (<i>Specify</i>)				
	Other (<i>Specify</i>)				
EXCEPTIONS TO DIAGNOSIS, TREATMENT OR PROCEDURES (<i>As Recommended by Department Chief</i>)					

*Requires special qualifications of training and experience in equipment use and in the interpretation of results.